Commercial Building Permit Application

City of Maple Grove
12800 Arbor Lakes Pkwy, P.O. Box 1180, Maple Grove, MN 55311
CONTACT NUMBERS:

Becky Roy, Inspections Administrative Coordinator 763-494-6062 (broy@maplegrovemn.gov) Larry Huff, Plans Examiner 763-494-6080 (Lhuff@maplegrovemn.gov)

Complete Site Address (including	·	ŕ	uite #
Occupant:			
(please be sure to complete C			
	Property	Owner	
Name:			
Address:	email address:		
City:	State:	Zip:	Phone#:
	Contra	ctor	
Name:	Pro	ect Manager:	
Address:	email address:		
City:	State:	Zip:	Phone#:
	Architect/Design	ner/Engineer	
Company:	Ε	esign Professional:	
Address:		MN State	Registration #:
City:	State:	Zip:	Phone #:
Email address:			
Plan Set Contains			
Architectural	-	Mechanical	
Structural	-	Electrical	
Civil	-	Plumbing	
Disclaimer: Deferred plans to be a	approved by architect p	rior to submission	
The undersigned hereby represents Maple Grove to take the action here done in accordance with the ordina Building Department.	ein requested, that all s	tatements are true, a	nd that all work herein will be
Applicant's Signature:		D	ate:
The Applicant is: Owner	Contractor	Architect	

	Description of Wo	nrk
☐ Comm/Ind/Pub – New	-	w Construction – Interior Finish
☐ Comm/Ind/Pub – Alter	☐ Comm/Ind/Pub – Add	
☐ Footing/Foundation	□ Demolish	•
☐ Comm/Ind/Pub – ReRoof	☐ Retaining Wall	☐ Commercial Swimming Pool
Commind to Rekoon	- Retaining wan	- Commercial Swimming 1 001
Estimated Value of Work to	o be Performed	
Fees and plan review are based on Sect	ion 304 and Table 3A of the	he 1997 UBC.
Submittal Checklist:		
Completed Permit Application	w/ Code Analysis	
_	•	t shall include accessibility plan, mechanical
plan, plumbing plan, electrica	l plan. Deferred plans sl	hall be listed when submitted. Mechanical
	_	e that the <u>plans must be</u> folded or may delay distribution and the review
process. All copies must be s		
Tonant Improvement/Remodel	3 Complete Sets of Plan	s; Please note that the plans must be folded
•		it may delay distribution and the review.
All copies must be signed by a	registered professional.	
Completed Code Analysis Form	1	
Completed Certificate of Occup	ancy Application <i>or</i> Comp	oleted Business Certificate Application if space
was previously occupied		The second of th
	ıl Health Submittal. Subm	nittal Date:
Information # 952-351-5215		
If applicable, letter of approva	l from Hennepin County H	ealth required prior to the issuance of a
building permit.		
Metropolitan Waste Control Con	mmission- SAC Determina	ntion Required
Submittal Date:	Contact: SAC	Cprogram@metc.state.mn.us or
651-602-1531		
All plans shall be reviewed	d for SAC determination p	prior to issuance of building permit
Applicant's Signature		Date

COMPLETE BELOW ONLY IF APPLICATION INCLUDES PLANS

Building Permit Data Practices Advisory

You may be required to submit building plans with your permit application so that the City can determine if a building permit should be issued. If you do not submit building plans when they are required, you will not obtain the permit. If you think that those plans have economic value from not being generally available and you wish to maintain their secrecy please check the box below that is designated a trade secret information and explain your reasons. If you think that those plans have information that would jeopardize the security of the property if the information were released please check the box below that is designated security information and explain your reasons. Trade secret information and security information are not available to the public. Building plans that contain trade secret information or security information will not be given to the public and will be provided only to government officials who have a need to review them. Other building plans are available to anyone.

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Please check one of the following choices and sign below:
The building plans have trade secret information. Please identify:
The building plans have security information: Please identify:
The plans do not have trade secret information or security.